

1. RADARS was acquired by the Denver Health and Hospital Authority in 2006 from Purdue Pharma: <https://www.biospace.com/article/releases/purdue-pharma-l-p-and-b-denver-health-b-announce-agreement-on-national-surveillance-system-to-monitor-abuse-and-diversion-of-prescription-medication/>. Does RADARS still have any ties to Purdue? Do you still communicate with officials from Purdue and/or other opioid manufacturers?

The Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS®) System is a surveillance system that collects product-and geographically-specific data on abuse, misuse, and diversion of prescription drugs. It is a service provided to improve the safety of prescription drugs. Denver Health and Hospital Authority (DHHA) has a contract with Purdue Pharma to provide surveillance for their opioid products as do several other manufacturers. Purdue Pharma has no special rights – they receive data about their products. They have no role in the design, data collection, data analysis or reporting. These data are used by Purdue in fulfilling their obligations to the FDA. By contract, RADARS data may only be used for regulatory purposes and cannot be used for promotional purposes.

2. Is RADARS still considered a for-profit entity?

RADARS is not a company, it is a service provided to improve the safety of prescription drugs. RADARS System is managed the Rocky Mountain Poison and Drug Center, which is a part of DHHA, an acute care academic safety net hospital and community health system for the Denver area. The RADARS System is supported by subscriptions from pharmaceutical manufacturers, government and non-government agencies for surveillance, research and reporting services. RADARS System is the property of DHHA, which is a non-profit entity, and a political subdivision of the State of Colorado.

3. Is it true RADARS accepted funds from pharmaceutical companies in the past? What is RADARS' current policy on accepting money from the pharmaceutical industry?

RADARS is not a company, it is a service provided by DHHA. Pharmaceutical manufacturers can contract with DHHA to provide surveillance data for use in fulfilling their regulatory obligations to the US FDA. By contract, RADARS data may only be used for regulatory purposes and cannot be used for promotional purposes.

4. Johnson & Johnson recently referenced RADARS in its opening statements in the opioid case in Oklahoma. Have you or anyone else at RADARS consulted with anyone from J&J in preparation of this case? Has RADARS consulted with any opioid makers in any of the state or national opioid litigation?

Dr. Richard Dart M.D., PhD, Director of the Rocky Mountain Poison and Drug Center, has not consulted with anyone from Johnson & Johnson about the opioid

case in Oklahoma. DHHA has not authorized any DHHA employee to consult for Johnson & Johnson or any other opioid makers regarding any state or national opioid litigation case.

5. In 2014, you received more than \$112,000 from Purdue to talk about its painkillers: <https://openpaymentsdata.cms.gov/physician/204780/general-payments>. Do you believe that is a conflict of interest, considering you've been involved with RADARS since at least 2006?

The RADARS System and DHHA are managed to the highest ethical standards. Dr. Dart has not received any funds from Purdue or any other opioid manufacturer. All contractual relationships are through DHHA, with services being provided by DHHA. Dr. Dart and other DHHA employees may fulfill the responsibilities of these DHHA contracts as employees of DHHA, but they receive no direct payment, incentives or other form of compensation for their participation from the opioid manufacturer. The cause of this issue is a confusing open payments system run by The Centers for Medicare & Medicaid Services (CMS), which is part of the Department of Health and Human Services, whereby payments may be erroneously attributed to individuals rather than their employer. Some manufacturers have concluded that payments to Denver Health must be somehow attributed to Dr. Dart even though he does not personally perform the services and does not receive payment for these services.

6. On June 11 and 12, the FDA is hosting a meeting to discuss the legitimacy of high-dose opioids: <https://www.fda.gov/advisory-committees/advisory-committee-calendar/june-11-12-2019-joint-meeting-drug-safety-and-risk-management-advisory-committee-and-anesthetic-and>. RADARS previously submitted comments on the topic, saying removal of high-dose opioids from the market is "misguided." Does RADARS still stand behind those comments? Will RADARS appear at the June 11/12 FDA meeting?

The issue is not the size of the pill, it's the need of the person who is abusing the opioid analgesic. If lower dose opioids are the only type available, it is common for people with opioid use disorder to simply use a greater quantity, or to switch to another drug. We are not planning to attend the June FDA meeting.